Can there be a good death?

ABSTRACT:

In this paper I argue that, while some dyings are worse than others, there is no such thing as a 'good death', since the plausible desiderata of a 'good death' form an inconsistent set. Because death is of the greatest existential consequence to us, a 'good' death must be a self-aware death in which we grasp the import of what is happening to us; however, such realisation is incompatible with our achieving the tranquillity of mind which is another requirement for the 'good' death. Nevertheless, the welcome recognition in recent years by medical personnel, palliative care workers and hospice staff that dying is an existential predicament as well as a physiological condition has enabled more people to avoid a 'soulless death in intensive care', even if it pays insufficient regard to the personal virtues that we need if we are to mitigate the worst evils of dying.

I

Dying, like most other human acts, can be done well or badly. But unlike many other things we do, we only die once; so it is important to get it right first time. According to the Stoic philosopher Seneca, 'learning how to live takes a whole life, and, which may surprise you more, it takes a whole life to learn how to die' (Seneca 2005: 66). Seneca was voicing the conviction, common amongst ancient philosophers, that, while death is inevitable, how we die is highly dependent on the virtues, skills, planning and attention we bring to it, and that the best deaths are well-prepared ones. A superficially similar view has been taken in our own times by medical and other professionals concerned with the care of the dying. Doctors and nurses treating terminal illnesses, palliative care staff and those involved in the hospice movement have increasingly recognised that dying is an existential predicament as well as a physiological condition, and that dying people need consolation for the mind along with physical relief for the body (*mens sana in corpore* in*sano*, so to speak). Sometimes, however, these twin objectives can be hard to combine. As Richard Smith has remarked, 'a soulless death in intensive care is

the most modern of deaths' (Smith 2000: 129). Although technology can prolong life and reduce the distress of the physical frame, it often does so at the high cost of the subject's independence and autonomy, those vital bulwarks of her humanity.

According to the Debate of the Age Health and Care Study Group, 'good deaths' are those in which the subject is not only kept free of pain but retains a high measure of control, autonomy and independence over her fate (Smith 2000: 129-30). He or she retains the ultimate say over what treatments should be administered, and when those treatments should stop. Instead of being seen merely as a failing piece of physiological machinery, the dying subject is accorded full personal rights, including a continuing right to self-determination. More important than keeping a patient alive at all costs is facilitating the kind of death which forms a fitting parting from life. A dying person should be enabled, wherever possible, to make her final dispositions according to her own desires, and attain a state of bodily and mental peace.

Needless to say, not everyone is fortunate enough to have such a death. A person who dies suddenly in an accident, or succumbs slowly to Alzheimer's, or contracts a virulent form of cancer requiring heavy sedation to check the pain may have little opportunity for leave-taking, existential reflection, or more practical issues concerning the transmission of her goods. Small wonder, then, that generations of philosophers and religious teachers have advised us to make ourselves ready for death at any time. Martin Heidegger reminds us that our mode of being is 'being-towards-death', where the continuation of our life is wholly contingent and death an ever-present possibility (Heidegger 1962: Division 2, part 1). Although dwelling obsessively on thoughts of our coming death would be morbid and foolish, it is sensible to acknowledge our own mortality and to take suitable steps (such as making a will) to ensure that sudden or unexpected death others will not catch us unprepared.

Although contemporary care of the dying is informed by a far more humane understanding of the existential situation of the dying than was once the case, there is a risk that the undoubted advances that have been made can lead to a sanitised view of death, and an over-complacent estimate of our ability to blunt its sting. In part, this worry concerns the very feature of current care for the dying which might be accounted its chief excellence: the transmutation of dying into a *managed process*, with its constituent rules and routines, its principles of good practice, and (as inevitable as death itself) its professionalization. The

twelve principles of a good death enunciated by the Debate of the Age Health and Care Study Group present a blueprint for the care of the dying which, for all its good intentions, can give the impression that looking after the dying is akin to organising a conference, assembling flat-pack furniture or baking a cake: something that ought to turn out all right so long as we follow the rules. (For a list of the principles, see footnote 1.) 1

To say this is not so much to criticise the principles themselves, which are prima facie sensible and apt (e.g. to afford the dying dignity and privacy, to enable access to any spiritual or emotional help required, and to ensure there is time to say goodbye). The concern is rather with the expectation they create that the good death can be attained by following guidelines, and that existential peace is a product of good practice. Ironically, this may be a hangover from the days when the medical model of terminal care prevailed, and the emotional and spiritual requirements of the dying subject received scant attention from health-care personnel. Once the latter needs were recognised, efforts began to be made to satisfy them; but the welcome advent of a more holistic approach to maximising the dying patient's welfare continues to display its growth from a medical root. Since the practice of medicine has the primary aim of healing the body, care of the dying has naturally gone on to embrace the healing of the soul. The aim is that the dying person should leave this world in a state of maximum physical and mental comfort, with her needs of all kinds accommodated.

In a recent essay, David Schenck and Lori Roscoe reasonably remark that '[w]hile a "good death" is unlikely to be realized without access to pain management and good medical care, the tools that allow us to find meaning and purpose in old age and death are unlikely to be medical or scientific' (Schenck and Roscoe 2009: 62). They suggest that dying people would be well advised to consider their current state as the final chapter in the 'narrative' of their life as a whole, rather than as an isolated, tragic or traumatic episode. To know how to die means knowing how to complete one's life-narrative in a fitting way, with suitable closure of the main plot-lines. On Schenck and Roscoe's view, '[c]reating a "last chapter" to one's life narrative may allow us to die with our human dignity intact, regardless of the circumstances' (ibid.). This way death is 'an action and decision rather than something that happens to us' (ibid.: 73), and if we cannot fully control the circumstances of our death we can at least substantially influence its meaning.

There is, however, a strong element of idealisation in this picture. The optimistic expectation that lives can be brought to a suitable and dignified end 'regardless of the circumstances' is frequently disappointed in practice. Some life-narratives are so badly constructed that no ending, however creative, will provide them with the coherence they have previously lacked; others go awry because of external causes which are outside the subject's control. Many dying people no longer possess the mental or physical capacities to exercise authorial control over their final days or hours. The assumption that all will be well with us provided only that we apply sufficient creative effort to the task of dying is often highly unrealistic. To suppose that the fat can always be pulled from the fire is another manifestation of the undue confidence commonly placed in our ability to *manage* the process of dying. Seneca's claim that it takes a whole life to learn how to die is a reminder that we need to get the plot-line right *throughout* our life if we are to be able to end it well.

There is also a deeper problem with the assumption of many health professionals that, with the right management, people can be encouraged or assisted to have a good death. This is that *there is no such thing* as a good death, and that those who have the care of the dying are therefore aiming at the impossible. To the exposition and defence of this bold claim I now turn.

II

To say that there is no such thing as a good death is not to deny that some dyings are better than others. Nor is it to denigrate the fine work done by doctors, nurses, palliative care workers and hospice staff in helping patients to die as well as possible. Rather, the claim is the philosophical one that since the ending of a human life is always the loss of a valuable, irreplaceable thing, the expression 'good death' is necessarily an oxymoron.

Two possible misunderstandings of this claim are worth averting at this point. First, to say that death involves the loss of something valuable and irreplaceable does not imply that it is always wrong to bring death about, or to permit it to occur sooner than it otherwise would have done. It may sometimes be better for a person's life to end than to continue in pain and hopelessness, and in these cases there may be grounds to consider euthanasia. But to claim that death is better for some person than life in his present condition is not to hold that death is better for him *tout court*; better still would have been his restoration to health and fitness.

To lose his life may be preferable, as things stand, than to continue it, but the loss of his life is still a grievous thing.

Second, it might wrongly be supposed that in asserting there are no good deaths, I am confusing two different things, namely death as the *extinction of life* and death as *the mode in which one dies*. The claim that death in the former sense is never a good thing does not entail that there can be no good deaths in the latter. Given the sad fact that we all have to die, there can be better and worse ways of doing it (so it is clearly better to slip peacefully away with one's loved ones by the bedside bidding one goodbye than to die alone, in pain and despair). But while this is true, it does not follow that the very best dyings are good enough to merit the label *good deaths*. For even these, I shall argue, fall well sort of qualifying as good, however we might like to fool ourselves.

The claim that death as the *extinction of life* is always bad is likely to be denied by those who believe that the end of physical life is not the end of us, being succeeded by life in some other, presumably spiritual, form. If the alternative to life in the body is heavenly felicity, then death may indeed be, as Seneca calls it in his *Consolation to Marcia*, 'nature's best gift' (Seneca 2010 [1635]: 32). In that case even painful and unhappy dyings would be redeemed by being pathways to something much better. Yet unless a person is very sure that heavenly felicity awaits her, her uncertainty about her posthumous fate will be a source of anxiety not afflicting those who believe that death is extinction. My working assumption in this paper is that the present life is the only one we have, and that no element of the self survives bodily death. But as we shall see later when we look at the portrayal of Christian death in Cardinal Newman's poem *The Dream of Gerontius*, firm faith in an afterlife is an infirm buttress against the natural fear of death, and a very ambiguous source of comfort to the religious soul.

III

The strategy for showing that there can be no good deaths consists in identifying internal tensions in the notion of a 'good death'. My contention is that the plausible desiderata of the good death form an inconsistent set. The nub of the argument can be stated simply: since death is of the greatest existential consequence to us, a 'good' death must be a self-aware death in which the subject realises the import of what is happening to her; however, such

realisation is incompatible with her achieving the tranquillity of mind which is another desideratum of the 'good' death. In other words, we only die peacefully by pulling the wool over our own eyes.

Maybe, as we cannot avoid dying, we would be wise to secure a peaceful death by doing just this! But such a dying would be an inauthentic one, involving an act of deliberate self-deception which undermines our dignity, where preserving that dignity is a further plausible necessary condition of dying a 'good' death. If dying without distressful sensations of any kind were sufficient for a good death, then such deaths could readily be procured by administering sedatives or mood-lifting drugs to dying people. Yet neither stupor nor hilarious jollity are optimal states in which to pass our final days or moments. To enjoy one's own dying would no more be dying well than existing as a brain in a vat being fed constant pleasurable sensations down the wires would be living well. 2 To be sure, dying tranquilly is a very different thing from dying in a state of stupor or inattention; tranquillity is an attitude of mind, not an absence of mind. Being tranquil in the face of death has traditionally been thought virtuous, even noble. Yet mustering a tranquil spirit in the face of death is not only psychologically difficult but questionably rational. Tranquillity involves more than not weeping and wailing at the approach of death; it crucially comprises a willingness to accept what is happening to us, and it is this which makes its appropriateness at the death-bed dubious. One dies because one cannot help it, but to will one's own extinction would be irrational. Only where death alone can save one from intolerable physical or mental anguish can it be an object of rational preference; but then it is willed as a means, not an end.

The claim that the existential significance of death should, ideally, be recognised by the dying subject has been challenged by Lars Sandman, who argues that if something harmful is going to befall us anyway, then we are actually better off if we don't know about it (Sandman 2005: 80-2). Where prior knowledge of a potential evil enables us to avert it or mitigate its worst effects, then it is plainly good to have that knowledge. But where an evil is beyond prevention or mitigation, we gain nothing but pointless pain by being aware of it. Sandman criticises writers who claim that 'reality contact' is an objective human good, and that painful knowledge of the truth is always superior to blissful ignorance. Treating with scepticism currently fashionable claims that the 'unexamined life' is a defective life – even a life not

worth living, – Sandman notes that we quite often prefer to remain in ignorance of things we can't mend. For example, if we desire not to be slandered, then it would be bad for us to be slandered even if we never get to hear about it; and so we might quite rationally prefer *not* to hear about it, since that would only make us unhappy to no purpose (ibid.: 80). Similarly, if death is bad, then it is bad whether or not we are aware of its badness, and to make things worse by confronting death in a state of existential anguish seems merely perverse. Far better to slip away thinking distracting thoughts, or no thoughts at all.

The trouble with Sandman's argument is that it fails to recognise that different events in life have very different degrees of existential significance. Being slandered is a genuine evil, and in some instances a very serious one with far-reaching effects; but it is not one of the universal pivotal events or experiences in human life, and a person who is slandered without finding about it is not thereby deprived of essential knowledge of what it is to be human. 'Reality contact' seems more important in regard to the central aspects of human existence – growing up, forming relationships, finding one's place in the social world, pursuing life-defining goals and ambitions, enduring bereavement of loved ones, facing up to sickness or old age, dying – to miss or misunderstand which would render a life incomplete or inauthentic. (Admittedly, we cannot reflectively experience our birth in the way we can our death, but the fact that we cannot make anything of the first of the crucial poles of our existence only strengthens the case for making the most of the other.) To avoid thinking about the meaning of something as important as our own death, or to seek to meet it in a state of drug-induced un- or semi-consciousness, is not rational avoidance of something we cannot mend and don't need to know about, but an unworthy attempt to avoid knowing what we *ought* to know, unpalatable thought that knowledge may be.

And that knowledge *is* distinctly unpalatable. In one of the finest essays ever written about death, the Duke de la Rochefoucauld noted the difference between facing death courageously and affecting to despise it in the manner of the ancient sages, who pretended that death was an unimportant occurrence or even a blessing. To imagine that death is no evil, La Rochefoucauld thought, requires refusing to look at it squarely: 'for every one that views it in its proper light will find it sufficiently terrible'. We have to 'avoid considering death in all its circumstances, if we would not think it the greatest of evils' (La Rochefoucauld 1781:29). Traditional 'philosophical fortitude' consisted in doing with a

good grace what couldn't be avoided; but La Rochefoucauld questioned whether those who claimed to be indifferent to death were being honest with themselves. Modern proponents of the idea of the 'good death' do not normally claim that death is a good, or even an indifferent, thing. But if they avoid La Rochefoucauld's strictures on that front, they are vulnerable to a charge of inconsistency in supposing that this terminal disaster can be faced with a rational tranquillity. What looks like tranquillity in some dying people is more likely to be what La Rochefoucauld described as 'a want of sensibility, which prevents their being aware of the greatness of the evil' (ibid.: 32). 'Few people,' he remarked, 'are well-acquainted with death', and this ignorance enables them to submit to it through a 'stupor and custom' which is easily mistaken for resolution (ibid.: 27).

La Rochefoucauld saw that the dying person who properly recognises the prospect of his own imminent non-existence faces the supreme existential crisis of his life. Nothing worse can happen to him than his succumbing to a condition in which nothing can happen to him. The paramount virtue at this time is courage, which assists in submitting to the inevitable with a good grace. But true courage at the onset of death is a clear-minded courage which eschews any pretence that death is other than an awful thing. This is consequently not, in existential terms, a peaceful death, since there can be no peace at the moment of maximum existential anxiety. (There can be a stillness or steadiness produced by courage, but that is quite another thing.) For a peaceful death, one has to be ready to deceive oneself, or think distracting thoughts. If one succeeds in this, one may be able to do without courage, thereby dying a 'happier' death but a less virtuous and authentic one.

This account may seem vulnerable to the following dilemma. A life may go well or badly in respect to its constituent goods, goals, achievements and narrative coherence. If it goes badly, then its final extinction is no great loss, since it wasn't going anywhere much worth going anyway. But for it to go well implies a certain structure of completed goals and attained successes; and a life which has this feature *doesn't need* to go on any longer, having already proved its worth. Therefore there is nothing really to regret (first-personally or third-personally) about the termination of either good or not-so-good lives, and overwhelming existential angst at the end is out of place.

This dilemma is spurious. If a life has gone badly, then its ending before it has a chance to redeem itself merely accentuates its unsatisfactory nature. But if a life has gone well, its

finishing is still tragic because, had it been longer, it might have acquired more worth still. To this it might be countered that where the narrative lines of a life have been brought to a fitting conclusion, in the creative manner envisaged by Schenk and Roscoe, more of the same is needless; the book of life is already long enough. Yet while narrative closure is undoubtedly preferable to narrative truncation, to suppose it to be enough to make a life (and, by implication, the death which ends it) a good one is unwarranted. I have argued elsewhere that while it would probably not be a good thing for human lives to go on for ever (because, as Bernard Williams has argued, infinite lives could preserve no narrative structure consonant with retention of a sense of self-identity), actual lives are far too short for us to fulfil our full potential (XXXXX; Williams 1973).

There are, in any case, significant *dis*analogies between lives and narratives. No life ever ends with the words 'and they lived happily ever after'. When a life finishes, there is no prospect of a sequel; the leading character disappears for ever on the last page. The narrative of a life is neither replaced nor replaceable by another narrative. The mild sadness that an author or a reader may feel at reaching the end of a story is readily assuaged by turning to write, or read, another story. But the author of a life (the owner of the narrative) has no existence outside it. Spectators of that life can appraise it and move on but the subject of the life is uniquely coterminous with her own story. (Novelists would be very reluctant to complete their works if they knew they would themselves vanish as soon as they typed the final full stop.) The moment the life finishes, the narrative self-destructs, leaving nothing behind beyond its memory in other minds. Death does not merely *complete* the story but *eliminates* it. This is essentially Wittgenstein's point in the *Tractatus*: 'at death the world does not alter, but comes to an end' (Wittgenstein 1969: [sect. 6.431]). It is no exaggeration to call this prospect, as La Rochefoucauld's does, 'sufficiently terrible'.

IV

To believe that death is the end of our existence as selves, and that afterwards there is nothing left of us but dust, is an understandable ground of existential angst. But would belief in the transition to some form of after-life warrant any greater complacency in the face of death? Would dying be less terrible if it were not the end of 'this intellectual being, these thoughts that wander through eternity' (Milton)? Providing appropriate spiritual comfort to

the dying who request it is sensibly included among the twelve Principles of a Good Death. But where religion is taken seriously and not regarded merely as soothing soul medicine, then it may be far from acting as an anodyne at the point of death. 'Prepare to meet thy God', the dying Gerontius enjoins his soul in Cardinal Newman's poem, knowing that after death he will have to answer for his earthly deeds at the judgement seat. Gerontius's prayer for divine mercy is urgent and agonised, and the dying man is fully as dismayed as any atheist could be at

> This emptying out of each constituent
> And natural force, by which I come to be.

For the Christian Gerontius, dying is not a passive experience but the most challenging event in life, in which he needs to summon the courage not only to die but, more daunting still, to meet his God ('Rouse thee, my fainting soul, and play the man') (Newman 1866).

Newman's portrayal of Christian death is in its main lines conventional and it carries clear echoes of the late-medieval *ars moriendi* tradition in its representation of the dying subject's soul as the target of a contest between angels and demons. Although many contemporary Christians no longer believe in such spiritual personifications of good and evil, the pith of the message remains: dying isn't merely something that happens to us but something we do, and Christians should aim to end their life-narratives by focusing on their relationship with God, and by praying for his mercy. K. Thornton and C.B. Phillips have suggested in a recent paper that non-Christians and other non-believers can draw some useful lessons from the Christian tradition of the 'art of dying'. In their view, the emphasis on *preparing* for death, being ready to accept and to make the best of it, provides a valuable counter-weight to the focus typically placed by the medical profession on 'fighting back' at death (Thornton and Phillips 2009: 97). Where that fight is lost, the dying of the patient is chalked up by the doctors as a defeat for medical science but Thornton and Phillips argue that dying should not be seen as a defeat where the patient has prepared herself to die in a manner that represents a fitting conclusion to her life. While ideas on what constitutes proper preparation for death are cultural variables, Thornton and Phillips approvingly cite Paul Binski's claim that any plausible conception will stress the importance of achieving continuity between one's death and what has gone before (Binski 1996, cited by Thornton and Phillips 2009: 95). It is not always easy, however, to spell out what such continuity would involve. For instance, should

a person who has lived a very immoral life persist in acting badly as long as possible, or seek to straighten out his crooked course by a death-bed repentance? It is not clear which of these is the more 'continuous' end; but if it is the former, then there may be an argument for sacrificing continuity in some cases for a more moral mode of dying.

Even where a person has prepared carefully for death, according to her lights, it is hard to see how any form of preparation, unless it incorporates self-deception, is able to procure a genuinely 'good' death. Gerontius, who hopes for eternal life and whose Christian preparation for death is exemplary, cannot overcome the horror which, as natural man, he feels at the prospect of death – 'this falt'ring breath, This chill at heart, this dampness on my brow'. Gerontius's fear of death *qua* the ending of his mortal life is independent of his spiritual anxieties about the fate of his soul at the judgement seat; dying is a terrifying ordeal, whatever one thinks will happen next. By Christian standards, the piety and humility displayed by the dying Gerontius warrant a positive appraisal of his end; he dies in the way that a good Christian should. Yet his dying is far from manifesting the existential peace which is basic to the contemporary understanding of a 'good death'. From a Christian perspective, Gerontius dies *well*, but the degree of psychological anguish involved in his passing from life precludes describing his death as a 'good' one.

V

It may be objected that this is an argument not so much about substance as about words, and that to allow that Gerontius dies well but refuse to consider his death a 'good' one is to forget a point that has been made by Allan Kellehear and others, that history exhibits a variety of conceptions of the 'good death'. 3 So why not concede that Gerontius's death, albeit a troubled one, is a good death from one ideological standpoint, even if it wouldn't count as such on some alternative world-views? Similarly, contemporary ideas of the good death of the kind current in the hospice movement, which place the emphasis on pain-free and peaceful dying, might be granted full validity on their own terms. Some notions of the good death have been, to modern western eyes, much more surprising than this: e.g. the ideal of the Japanese samurai warrior to die in battle for the Emperor. Provided that a person's death meets the standards set by some particular cultural blueprint, then it should be allowed the

status of a good death, irrespective of its content. The concept of a good death should thus be seen as formal rather than substantive.

It would be foolish, as well as arrogant, to claim that there could be one and only one correct understanding of the content of the good death. Anyone who takes a liberal and pluralist view of the variety of good lives should grant that there can also be a variety of fitting deaths. Yet it is possible to be a pluralist without being an undiscriminating cultural relativist. Some ways of life (and death) may be objectively better than others because they are based on a sounder understanding of the nature of the world and our place within it. Suppose (to illustrate) that the Christian revelation is false, and that there is neither a judgemental God nor any form of after-life awaiting human beings. In that case, the dying Gerontius's focus on the state of his soul and his chances of salvation is attention misapplied; while his distress at his physical dissolution is warranted, his anxiety about meeting his God is not. Although his death may be exemplary from the Christian point of view, the illusion that informs his 'performance' prevents it from being objectively a good death. If, on the other hand, Gerontius's beliefs are *true*, then his mode of dying is objectively appropriate. This suggests that the concept of a good death is not merely formal (concerned with the 'fit' of a death within the structure of a life) but incorporates the substantive requirement that to qualify as good, a death should not be permeated with illusion. 4

Some views of the good death or well-dying may be superior to others for reasons of this kind. (This does not mean that sorting amongst them will be easy, as none of us has access to an Archimedean point from which to judge the objective validity of other perspectives.) But if the arguments of this paper are right, then the very idea of a good death, *however* framed, is open to serious objection. To recap, even the best deaths fail to make the grade as *good* deaths because two highly plausible conditions for a 'good' death – that we should be aware of the existential significance of what is happening to us and simultaneously retain a degree of tranquillity (an absence of mental anguish) – are rationally and psychologically mutually exclusive: rationally, because, as La Rochefoucauld observes, a proper awareness of what is happening to us shows it to be sufficiently terrible to render an attitude of calm acceptance inapt; psychologically, because such awareness is naturally associated with emotions of distress and sorrow, not quiet and calm.

VI

Finally, it is worth summing up some of the more specific objections to the contemporary understanding of the 'good death' as encapsulated in the twelve principles enunciated by the Debate of the Age Health and Care Study Group. The point of making these criticisms is not to impugn any of the principles themselves, as principles of *good practice*. The claim is, rather, that it would be over-optimistic to suppose that wherever these principles were followed, a *good* death would be procured. At most, their diligent application would make dying less bad.

Three objections can be distinguished. The first is that a pervasive conviction informs the principles that dying can be made a comfortable and at the same time spiritually and existentially aware experience. This, I have suggested, is wishful thinking, since an alertness to the spiritual and existential aspects of death is incompatible with comfortable dying. Not even the strong religious faith of a Gerontius can make dying less than a terrifying experience. Where there is no terror, there is a shortfall in awareness of the real significance of what is taking place. Only by distracting oneself from what Gerontius terms 'this strange innermost abandonment' – the unbearable realisation that one will soon be no more – can one hope to die in a condition remotely expressible by the word 'comfort'.

The second, closely related objection is that the belief in the possibility of a good death, deeply tinged as it is with the confidence of the medical professions that human well-being is always in principle attainable if we apply the right treatment, is facile and unrealistic. The search for an '*ars moriendi nova*', albeit well-meaning, is conceived analogously to the search for a cure for cancer or the common cold. Reflecting on the prospects for adapting the old *ars moriendi* to suit the modern world, Lydia Dugdale remarks that 'Such a tool today would need to accommodate a vast array of belief systems while remaining easy to use' (Dugdale 2010: 23). The un-self-conscious use of the word 'tool' here is revealing: Professor Dugdale appears to see the problem of enabling people to die well as essentially one of discovering and applying the right technology. No matter that this technology includes making the deathbed 'a place of community, a place for the dying to forgive and receive forgiveness, to bless and to receive blessing, and a place for the attendants to

anticipate and prepare for their own deaths' (ibid.). This socialised soothing of the dying process still smacks too much of the medical model and its constituent ideal that, where patients cannot be cured, they should be made as easy as possible. The medieval *ars moriendi* had scant concern with the reduction of suffering; its purpose was to inspire repentance for sin and fear of God in the dying subject. This was the time when demons made their last-ditch attempt to persuade the dying to prefer the things of this world to the things of God. Where either spiritual over-confidence or despair might mean the loss of heaven, anxiety was the proper attitude of the dying Christian; salvation was always touch-and-go. Nothing exhibits more starkly the difference between the old and the new *ars moriendi* than the latter's aim to facilitate maximally *peaceful* deaths.

The third problem with the notion of the good death embodied in the twelve principles again stems from their rooting in a primarily medical model of palliative care and treatment of the terminally sick. This concerns their striking silence on the *virtues* required by the dying subject. Ignoring the moral qualities that might be fitting for a dying person, the principles focus instead on the facilities that should be provided in order to make her dying easier. The impression given is that dying well is all about having the right opportunities and services available to draw on – a strikingly consumerist conception and one which imposes no moral demands on the subject. There is no recognition that the quality of dying depends on the qualities of character that the dying person brings to her last and most testing experience on earth. This failure to mention the virtues needed to die in a manner appropriate for a human being would have greatly surprised proponents of the Stoic or *ars moriendi* traditions. A plausible short-list of such virtues might include patience, fortitude, a readiness to put up with pain, a capacity to evaluate one's past life without evasion or distortion, a readiness to forgive and ask forgiveness, and a disposition to comfort others who will be grieved by one's passing; to these secular virtues could be added certain theological ones, such as faith, hope, repentance for sin and submission to God's will.

It might be said in their defence that the twelve principles are aimed principally at health professionals, whose practical task it is to facilitate 'good' dying, rather than at dying subjects themselves. In this respect, the *ars moriendi nova* is on a different footing to the *ars moriendi antiqua*; if the latter was the 'art' needed to die, the former is the art to assist the dying. But the impression conveyed that a good death can be procured by certain patterns of

practice which make no demands on the character-strengths of the dying subject remains misleading. On the older view, the subject's own preparation for death, fortified by the appropriate virtues, is *the* most crucial factor, and even the most optimal external conditions could not compensate for its absence.

Might suitably virtuous self-preparation be not merely necessary for dying well but also *sufficient* for a good death? Perhaps a good death should simply be identified with a virtuous death. And a virtuous death could evidently occur in circumstances that fell very short of the standards laid down by the twelve principles. However, this suggestion goes too far in 'moralising' the concept of a good death. Few people have died more virtuously than Father Maximilian Kolbe, who voluntarily stood in for a fellow-prisoner who had been condemned to death at Auschwitz. None of the twelve principles was satisfied when Kolbe was slowly starved to death in a prison cell. Kolbe's death is one that could scarcely be bettered – in a moral sense. Yet a death like his is not a rational object of desire, even if we aspire to die virtuously (and not, say, in an impatient and cowardly manner that uselessly upsets others). To call Kolbe's death a 'good' one is to stretch language too far and, in general, to claim an equivalence between 'good death' and 'virtuous death' is implausible.

Even so, the importance of the virtues to the dying subject is paramount. It is therefore a serious defect of the twelve principles that none enjoins any practical steps to produce, or sustain, in him the qualities of character which will make him 'perform' well the act of dying (the nearest that any comes is Principle 7, which calls for the dying person 'to have access to any spiritual or emotional support required'). There may be little that can be done to induce the appropriate virtues in dying persons who have failed to acquire them in a lifetime. But it is undoubtedly in people's interests to muster what patience or fortitude they can when dying. The extent to which they can be helped to do this by friends, priests or counsellors will vary but is generally likely to be limited. In the last analysis, dying is a do-it-yourself activity, supported by the virtues. This is what Seneca meant in the statement quoted at the start of this essay, and which bears repeating at the end: 'learning how to live takes a whole life, and, which might surprise you more, it takes a whole life to learn how to die'.

NOTES.

1. The twelve principles of a good death identified by the authors of the report *The Future of Health and Care of Older People* are the following:
    1) To know when death is coming, and to understand what can be expected;
    2) To be able to retain control of what happens;
    3) To be afforded dignity and privacy;
    4) To have control over pain relief and other symptom control;
    5) To have choice and control over where death occurs (at home or elsewhere);
    6) To have access to information and expertise of whatever kind is necessary;
    7) To have access to any spiritual or emotional support required;
    8) To have access to hospice care in any location, not only in hospital;
    9) To have control over who is present and who shares the end;
    10) To be able to issue advance directives which ensure wishes are respected;
    11) To have time to say goodbye, and control over other aspects of timing;
    12) To be able to leave when it is time to go, and not to have life prolonged pointlessly.

    (Source: Smith 2000, 129).

2. The brain in a vat has frequently featured in the philosophical literature on well-being since its introduction in Nozick 1974: 42-45.
3. Acknowledging the existence of different traditional definitions of the 'good death', Allan Kellehear notes that once conventions of 'good' dying are accepted, they then become 'subject to the full weight of life's social evaluations just as any other rites of passage' (Kellehear 2007: 89). However, it is a pertinent question whether the third principle of a good death – that the dying should be 'afforded dignity and privacy' – is wholly consistent with the advocacy of public standards of evaluation of a person's performance when dying.
4. This condition might reasonably be thought to extend beyond the sphere of religion and ideology to beliefs about more mundane or practical matters. For instance, a dying man whose wife, unbeknown to him, is having an affair with his best friend might be left in ignorance of the fact for the sake of his peace of mind; yet even if suppressing the truth is appropriate in the circumstances, his dying in the false belief that his wife is faithful is

still a blemish on his death, since it would have been better for him if such deception had not been necessary.

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